

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ROBERT L. JAMES and U.S. POSTAL SERVICE,
POST OFFICE, Los Angeles, CA

*Docket No. 02-1864; Submitted on the Record;
Issued February 14, 2003*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
MICHAEL E. GROOM

The issue is whether appellant has more than a 22 percent permanent impairment to both arms.

On November 3, 1994 appellant, then a 39-year-old mailhandler, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that he sustained carpal tunnel syndrome causally related to his federal employment. The Office of Workers' Compensation Programs accepted the claim for bilateral carpal tunnel syndrome and bilateral ulnar nerve syndrome.

In a decision dated February 22, 2000, the Office issued schedule awards for 20 percent impairment of each arm. By decision dated August 21, 2000, the Office denied modification.

By decision dated June 11, 2002, the Office issued schedule awards for an additional two percent for each arm.

The Board finds that appellant has not established more than a 22 percent permanent impairment to each arm.

Section 8107 of the Federal Employees' Compensation Act provides that, if there is permanent disability involving the loss or loss of use of a member or function of the body, the claimant is entitled to a schedule award for the permanent impairment of the scheduled member or function.¹ Neither the Act nor the regulations specify the manner in which the percentage of impairment for a schedule award shall be determined. For consistent results and to ensure equal justice for all claimants, the Office has adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*) as the uniform standard applicable to all

¹ 5 U.S.C. § 8107. This section enumerates specific members or functions of the body for which a schedule award is payable and the maximum number of weeks of compensation to be paid; additional members of the body are found at 20 C.F.R. § 10.404(a).

claimants.² As of February 1, 2001, the 5th edition of the A.M.A., *Guides* was to be used to calculate schedule awards.³

In a report dated February 9, 2001, Dr. Gary Frykman, an orthopedic surgeon, provided a history and results on examination. Dr. Frykman diagnosed bilateral epicondylitis of the elbow, possible recurrent carpal tunnel syndrome and recurrent cubital tunnel syndrome. He estimated that appellant had “lost 30 percent of his preinjury capacity for lifting, pushing, pulling and gripping with both hands.” There is, however, no explanation provided as to how the 30 percent figure was calculated. As noted above, the schedule award provisions of the Act are determined by the application of the 5th edition of the A.M.A., *Guides*.

The only medical report that applies the findings of Dr. Frykman to the A.M.A., *Guides* is a July 30, 2001 report from an Office medical adviser. The medical adviser found that for the range of motion results provided by Dr. Frykman, the permanent impairment was one percent for loss of extension in the elbow and one percent for loss of pronation, for a total of two percent.⁴ With respect to grip strength, the medical adviser indicated that a 20 percent strength loss resulted in a 10 percent permanent arm impairment.⁵ In addition, the medical adviser calculated that for sensory deficit or pain, the impairment to each arm was 11 percent. The medical adviser referred to Table 16-15, which prides a maximum impairment of 39 percent for sensory deficit or pain in the median nerve and 7 percent for the ulnar nerve.⁶ The medical adviser then graded the impairment at 25 percent of the maximum 46 percent according to Table 16-10,⁷ for an 11 percent impairment.

The impairment values of 2 percent for loss of range of motion, 10 percent for loss of grip strength and 11 percent for sensory deficit or pain, were then combined using the Combined Values Chart.⁸ Combining these values results in a 22 percent permanent impairment to each arm.

The Board, therefore, finds that the probative medical evidence of record establishes a 22 percent impairment to each arm. There is no medical report providing a reasoned opinion that under the A.M.A., *Guides* appellant has a greater permanent impairment.

² A. George Lampo, 45 ECAB 441 (1994).

³ FECA Bulletin No. 01-05 (January 29, 2001).

⁴ Under Figure 16-34, 10 degrees of elbow extension is a 1 percent impairment; according to Figure 16-37, 70 degrees of elbow pronation is also a 1 percent impairment. A.M.A., *Guides* 472, 474.

⁵ The strength loss index is determined by subtracting the limited strength result from the normal strength, then dividing by the normal strength. A.M.A., *Guides*, 509. For a 20 percent strength loss, Table 16-34 assigns a 10 percent impairment to the arm.

⁶ A.M.A., *Guides* 492.

⁷ Once the maximum impairment for sensory deficit or pain for specific nerves is determined, then Table 16-10 is used to grade the impairment based on the severity of the sensory deficit or pain.

⁸ A.M.A., *Guides* 604. The Combined Values Chart uses the formula $A + B(1-A)$ = the combined value of A and B, where A and B are the decimal equivalents of the impairment ratings.

The June 11, 2002 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC
February 14, 2003

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member